

DOH Medicaid Eligibility Rate (MER) Certification Form

Contract # :

Quarter/Year :

DOH Program

MER

A. DOH Program Administrator

NA*

B. Office of Rural & Community Health (OCRH)

C. WithinReach

D. HIV/Aids Targeted Case Management

NA*

E. Newborn Screening (Two MER's)

F. First Steps

NA*

G. Tobacco Prevention and Control Program

NA*

H. Perinatal Regional Networks (PRN):

I. Pregnancy Risk Assessment Monitoring System (PRAMS)

58.6%

J. Oral Health

K. Immunization Program CHILd Profile

L. Children with Special Health Care Needs Program

M. Genetics

N. Quality Assurance Monitoring Activities

NA*

O. HIV/AIDS Client Support Services

P. Family Planning Brochure

NA*

Supporting documentation of the MER developed for each DOH program must be kept on file for review/audit purposes as needed.

I certify that the information provided above is true, and that documentation of the MER for each program is available for review upon request.

* = Does not require an MER (See Exhibit A, III. Contract Program Information)

Signature: _____;

Date: _____;